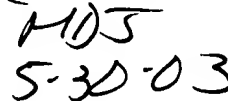


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PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tamori

Serial No.: 09/424,685

Filed: January 11, 2000

For: INFORMATION
RECORDER/PROCESSOR AND
EQUIPMENT/SYSTEM
CONTROLLER BOTH
PROVIDED WITH
FINGERPRINT SENSOR

:
: Art Unit: 2635
:
: Examiner: C. Yang
:
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RECEIVED

MAY 30 2003

Technology Center 2600

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER OF PATENTS AND TRADEMARKS

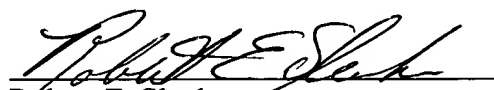
Express Mail mailing label number: EV339988566US

Date of Mailing: May 23, 2003

I certify that the documents listed below:

- Transmittal (3 pgs., in duplicate)
- Amendment in Response to Office Action dated January 23, 2003 (18 pgs.)
- Submission of Marked Up Claims (5 pgs.)
- Certificate of Mailing via Express Mail (1 pg.)
- Return post card

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Robert E. Slenker
Reg. No. 45,112
Armstrong Teasdale LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102
(314) 621-5070



16966-00002
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tamori :
Serial No.: 09/424,685 :
Filed: January 11, 2000 :
For: INFORMATION :
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PROVIDED WITH :
FINGERPRINT SENSOR :

Art Unit: 2635

Examiner: C. Yang

RECEIVED

MAY 30 2003

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Amendment in response to Office Action dated January 23, 2003; Submission of
Marked Up Claims; Certificate of Express Mail

STATUS

2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.10)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service
Express Mail, Post Office to Addressee, Label No.
EV339988566US, addressed to Mail Stop AF,
Commissioner for Patents, P.O. Box 1450, Alexandria,
VA 22313-1450.

FACSIMILE

☐ transmitted by facsimile to the Patent and
Trademark Office

Date: MAY 23, 2003

Robert E. Slenker
Robert E. Slenker

05/28/2003 KZENDIE 00000062 012384 09424685
01 FC:2251 55.00 CH

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 410.00	\$ 205.00
<input type="checkbox"/> third month	\$ 930.00	\$ 465.00
<input type="checkbox"/> fourth month	\$1,450.00	\$ 725.00
<input type="checkbox"/> fifth month	\$1,970.00	\$ 985.00

Fee: \$ 55.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 55.00.

OR

- (b) — Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$42 = \$		x \$84 = \$
—	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$130 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

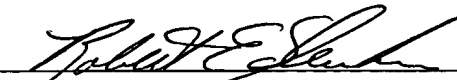
5. _____ Attached is a check in the sum of \$_____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$55.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:


 Robert E. Slenker
 Registration No. 45,112
 ARMSTRONG TEASDALE LLP
 One Metropolitan Square, Suite 2600
 St. Louis, MO 63102
 314/621-5070